

APR 27 2007

FAX TRANSMISSION**DATE:** April 27, 2007**PTO IDENTIFIER:** Application Number 10/003,773-Conf. #4625
Patent Number**Inventor:** Gregory R. LLOYD et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

John S. Curran

PHONE: (617) 227-7400**Attorney Dkt. #:** TSQ-001RCE2**PAGES (Including Cover Sheet):** 18**CONTENTS:** Fee Transmittal (1 page) (1 duplicate)
Amendment in Response to Non-Final Office Action (12 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Transmittal (1 page)
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LAHIVE & COCKFIELD, LLP
One Post Office Square, Boston, Massachusetts 02109-2127
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/SB/97 (09-04)

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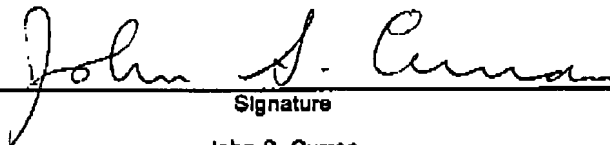
Application No. (if known): 10/003,773

Attorney Docket No.: TSQ-001RCE2

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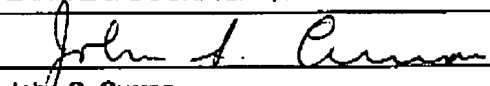
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/003,773-Conf. #4825
	Filing Date	November 15, 2001
	First Named Inventor	Gregory R. LLOYD
	Art Unit	2165
	Examiner Name	N. Abel-Jaill
Total Number of Pages In This Submission	Attorney Docket Number	TSQ-001RCE2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; width: 150px; float: left; margin-right: 10px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	John S. Curran		
Date	April 27, 2007	Reg. No.	50,445

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Dated: April 27, 2007	Signature:  (John S. Curran)

APR 27 2007

PTO/35/17 (02-07)

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FEE TRANSMITTAL For FY 2007 Effective on 12/05/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4315).		Complete if Known	
		Application Number	10/003,773-Conf. #4625
		Filing Date	November 15, 2001
		First Named Inventor	Gregory R. LLOYD
		Examiner Name	N. Abel-Jallil
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2165
TOTAL AMOUNT OF PAYMENT		(\$)	60.00
		Attorney Docket No.	TSQ-001RCE2

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissues	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims		
					Fee (\$)		Fee Paid (\$)
HP = Highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
HP = Highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 = /50 (round up to a whole number) x =							
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2251 Extension for response within first month							60.00

SUBMITTED BY			
Signature	<u>John S. Curran</u>	Registration No. (Attorney/Agent)	50,445
Name (Print/Type)	John S. Curran	Telephone	(617) 227-7400
		Date	April 27, 2007

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